PART B - FEE(S) TRANSMITTAL Complete and s**&**d this form, together **\...**a applicable fee(s), to: <u>Mail</u> Mail Stop ISSU_ FEE Commissioner for Patents DEC 0 4 2006 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUSTIONS of the form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. In farther correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 25903 7590 08/29/2006 -Certificate of Mailing or Transmission JACKIE JAY SCHWARTZ I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 1350 Broadway **Suite 1510** NEW YORK NY 10018 /05/2006 WASFAW2 00000006 09845923 Alberta Jacques (Depositor's name (Signature 700.00 OP 300.00 OP 02 FC:1504 November 28, 2006 (Date) 9.00 OP FC:8001 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/845,923 04/30/2001 Patrick Kennedy 1022-11 4246 TITLE OF INVENTION: PHARMACEUTICAL COMPOSITION AND METHOD FOR RELIEVING ITCH, PAIN AND SWELLING RESULTING FROM **INSECT BITES AND STINGS** APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE \$1400,8700 NO nonprovisional \$300 S1700 11/29/2006 \$1000 **EXAMINER** ART UNIT **CLASS-SUBCLASS** 1655 LEITH, PATRICIA A 424-094650 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Jack Schwartz & Associates (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Las Vegas, NV American Natural Technology Sciences, Inc. 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ✓ Issue Fee A check is enclosed. ☑ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2828 (enclose an extra copy of this fo (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) ✓a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patont and Trademark Office.

November 28, 2006 Authorized Signature Jack Schwartz 34.7721 Typed or printed name Registration No.

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the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 09/845,923 TRANSMITTAL Filing Date April 30, 2001 For FY 2006 First Named Inventor Patrick Kennedy **Examiner Name** Leith, Patricia 46 cant claims small entity status. See 37 CFR 1.27 Art Unit 1655 TOTAL AMOUNT OF PAYMENT (\$) 1009.00 Attorney Docket No. 1022-11 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 50-2828 Deposit Account Name: Jack Schwartz For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 500 200 150 250 100 Design 200 100 100 50 130 65 200 Plant 100 300 160 150 80 Reissue 300 600 150 500 250 300 Provisional 200 0 100 0 0 **Small Entity** 2. EXCESS CLAIM FEES **Fee Description** Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Multiple Dependent Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee Pald (\$) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee (\$) (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Issue Fee and 3 advance copies \$1009.00 SUBMITTED BY Registration No. 34,721 Telephone 212-971-0416 Signature (Attorney/Agent) Date November 28, 2006 Name (Print/Type) Zack Schwartz

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